

Application for New or Changes to Registration of Companies, Partnerships, Trust or Estates

(or Co-operatives, Non-profit Organisations. or Statutory Bodies)

Entity Type (Please tick only one) Partnership: Estate: Other: Company: Trust: Please specify (if other):													
SECTION A (To be completed by all applicants)													
Entity Name		by all applicants)										
Authorised Office													
(if a Company)	· ·		(1	T.I.N f already exists).									
Address o	of			Contact Details									
Registered Office		Phone No.:											
(if applicable)		Fax. No:											
				Email:									
	Address of					Tax Agent's Name:							
Exact Location	1:			Mailing Address:									
				(or Tax Agent's add									
If a Company,	is it Public:	Private:]	Is it a Foreign E	Entity?	Yes:	No: 🗌						
SECTION B	Bank De	tails		Motor Vehicle Details									
Bank Name	Branch No.	Account N	NO.	Vehicle No.		Vehicle Type (Commercial/Private)	Registration D)ate					
* Continue on a se	parate sheet if neo	cessary.											
Nature of Busine	ess:												
						Fiscal Year	[5					
Date Comment	ced:	Date of	of Incorpora	ation:	/	End:							
Trading Names:	1			4									
	2			5									
	3			6									
SECTION D (TH	IS SECTION FO	R EMPLOYERS	ONLY)										
Branch Name				Branch Name:									
Address	:			Address :									
No. of taxable	<u>_</u>			No. of taxable									
Employees		Code:		Employees:		Code:							
P.A.Y.E]									
Mailing Address	:												

SECTION E Please	e provide details of	all partners, director	s, beneficiarie	es or trustee	es. (If insufficient sp	ace please attac	n additional list)
Name		T.I.N	Address				
Please provide det Nam		l companies/entities T.I.N	s:		Address		
		1.1.14			, (001000		
SECTION F - The	following sectio	ons for VAT Red	nistration o	nlv (If not re	egistering for V A T	no to Declaration	
			gioriation		sgistering for V.A.T.	go to Declaration,	
Taxable Activity:							
V.A.T. Mailing Address:				Are	you an Importer?	Yes: 🗌	No:
				Are	you an Exporter?	Yes: 🗌	No:
					stoms AIE Numbe exists)	er:	
				(110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		y for a payment ba	asis of accou	Inting? Ye	es: 🔲 No: 🛛		
(If y	yes, please select one The entity is a	e of the following) public or local aut	bority				
	The entity is a		nonty				
	-	of taxable supplie	es in the last	12 month	s was, or for the r	next 12 months	is
	expected to be	, \$100,000 or less	S.				
SECTION H	o you wish to appl	y for a 3 monthly	taxable perio	od? Y	es: 🔲 No: [
(If	yes,you are agreeing	to the following)					
Total Taxable Sup Total Taxable Sup							
month.	•		ſ		5	.	, ,
SECTION I DE	CLARATION: 1 c	leclare that the pa	articulars on	this form a	ire true and correc	ct.	
				Γ			
Full Name:			Sig	nature:			
Title/Position:				Date:			
(i.e. Precedent Partner,							
ITI	IS A SERIOUS O	FFENCE TO GIV	E FALSE IN	FORMAT	ION TO THE COM	MISSIONER	
OFFICE USE ONL	.Y						
Varified and Ente	and by:				District	Code:	
Verified and Ente					Location	Code:	
Date E	Intered:				F.	S.I.C.:	
						RAT:	